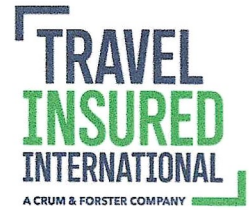


Travel Delay / Missed Connection Claim Form

Travel Insured International Claims Department
P.O. Box 6503
Glastonbury, CT 06033-6503

Email: claims@travelinsured.com, www.travelinsured.com



Section 1 - To Be Completed by the Planholder Who is Claiming Benefits

Name and Address of Planholder Flora Tarcila Evasco Apelo 140 Mirror Ct Patterson, CA 95363	Date of Birth 4/06/1964	Plan/Policy # 240316RTL0359
	Primary Phone # (408) 966-9099	Alternate Phone #
	Trip Departure Date 9/22/2024	Trip Return Date 10/10/2024
Planholder's Email Ftapelo@aol.com	Date Trip Delayed 9/22/2024	
☒ Check this box if you would like eligible claim payments to be made electronically. To do so, you must have a U.S. address and account with a U.S. bank. You must also provide an email address in the Planholder's Email field above.		
Name and Address of Travel Coordinator/Travel Agent N/A	Coordinator's Phone # Coordinator's Email	
Name of Cruise Line/Airline/Tour Operator Carrier IBERIA 3017		
Name of travel companion(s) RHENKIE LEAH EVASCO APELO		
Please briefly explain the circumstances of your claim: OVERSLEPT NIGHT BEFORE FLIGHT. MISSED FLIGHT FROM BARCELONA TO MADRID.		
Do you have any other travel insurance that may provide coverage for this claim? Yes ☐ No ☒ If yes, please identify the name of the travel insurance company:		

Section 2 - Claimed Expenses

Please complete each box below that applies to your specific circumstances		
A. Additional transportation \$ _____	B. Additional accommodations and meals \$ _____	C. Unused, prepaid non-refundable portions of your trip missed * \$ 121.68
\$ 121.68 Total amount being claimed (Sum of A, B and C above)		
* If you are claiming an amount for unused airfare, do you plan on using the airline tickets within 1 year from the issue date? Yes ☐ No ☒		

Section 3 - Declaration

Please proceed to page 2 of this form and read the appropriate fraud notice for your state of residence. After reading, please sign and date the Claim Form Fraud Statement and send it to us with your claim submission.

NOTE: Submissions will not be considered complete without a signed Claim Form Fraud Statement.

Fraud Warning Statement

FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED BELOW: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DELAWARE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KANSAS: A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

KENTUCKY:

Application: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Claim Form: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Continued on next page

Travel insurance in your travel protection plan is underwritten by United States Fire Insurance Company. Travel Insured International is the administrator for the travel insurance coverages in your travel protection plan and is acting on behalf of United States Fire Insurance Company.

Fraud Warning Statement

NEW JERSEY:

Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Claim Form: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON:

IMPORTANT NOTE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefit.

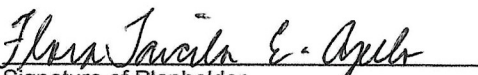
TEXAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I have read the foregoing Fraud Warning Statement for my state of residence and the answers on this claim form are true and complete according to the best of my knowledge and belief.


Signature of Planholder


Date